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**MASSHEALTH
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(A) Categorical Requirements and Financial Standards~~---~~ 130 CMR 519.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type~~---~~. The rules of financial responsibility and the calculation of financial eligibility are detailed in 130 CMR 520.000.

(B) MassHealth Coverage Types~~---~~ The MassHealth coverage types available to individuals aged 65 and older, institutionalized individuals, and those who would be institutionalized without community-based services are the following:

- (1) MassHealth Standard;
- (1) MassHealth Limited;
- (3) MassHealth Senior Buy-In;
- (4) MassHealth Buy-In;
- (5) MassHealth CommonHealth; and
- (6) MassHealth Essential Family Assistance.

(C) Determining Eligibility. The MassHealth agency determines eligibility for the most comprehensive coverage available to the applicant, although the applicant has the right to choose to have eligibility determined only for Senior Buy-In or Buy-In coverage~~---~~. If no choice is made by the applicant, the MassHealth agency determines eligibility for all available coverage types.

519.002: MassHealth Standard

(A) Overview.

- (1) 130 CMR 519.002 through 519.007 contain the categorical requirements and asset and income standards for MassHealth Standard, which provides coverage for individuals aged 65 and older, institutionalized individuals, and those who would be institutionalized without community-based services.
- (2) Individuals eligible for MassHealth Standard are eligible for medical benefits on a fee-for-service basis as defined in 130 CMR 515.001. The medical benefits are described in 130 CMR 450.105(A).
- (3) The begin date of medical coverage for MassHealth Standard is established in accordance with 130 CMR 516.005.

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(4) The MassHealth agency pays the following costs for members eligible for MassHealth Standard who meet the requirements of 130 CMR 519.010(A)(1) and (2); ~~Coverage generally begins on the first day of the month following the date of MassHealth's eligibility determination.~~

(a) ~~the full cost of the~~ Medicare Part B premiums for members with countable income that is less than or equal to 120 percent of the federal poverty level;

(b) ~~the cost of~~ Medicare Part A premiums for adult members of MassHealth Standard who are entitled to Medicare Part A with a countable income that is less than or equal to 100 percent of the federal poverty level; and

(c) the deductibles and coinsurance under Medicare Parts A and B for members with a countable income that is less than or equal to 100 percent of the federal poverty level.

(B) Automatic Eligibility for SSI Recipients.

(1) Individuals described in 130 CMR 519.002(A)(1) who meet basic, categorical, and financial requirements under the Supplemental Security Income (SSI) program are automatically eligible to receive MassHealth Standard coverage.

(2) Eligibility for retroactive coverage must be established by the MassHealth agency in accordance with 130 CMR 516.005.

(C) Extended Eligibility for SSI Recipients. An individual whose SSI assistance has been terminated, and who is determined to be potentially eligible for MassHealth, continues to receive MassHealth Standard coverage until a determination of ineligibility is made by ~~MassHealth~~the MassHealth agency.

(D) Automatic and Extended Eligibility for EAEDC Recipients Aged 65 and Older.

(1) ~~Individuals Automatic Eligibility. Individuals~~ aged 65 and older who meet the requirements of the Emergency Aid to the Elderly, Disabled and Children (EAEDC) program administered by ~~DTA~~the Department of Transitional Assistance and who are United States citizens as described in 130 CMR 518.002 or qualified aliens, as described in 130 CMR ~~518.002003(A)(1)~~, are automatically eligible for MassHealth Standard benefits.

(2) Extended Eligibility. ~~Individuals described in (1) whose EAEDC cash assistance ends will continue to receive MassHealth Standard benefits until the MassHealth agency determines that the member is ineligible. aged 65 and older who meet the requirements of the EAEDC program administered by DTA and who are aliens with special status, as described in 130 CMR 518.002(D), are automatically eligible for MassHealth Essential benefits under 130 CMR 519.013.~~

519.003: Pickle Amendment Cases

(A) Eligibility Requirements. Under the Pickle Amendment, former SSI recipients whose income exceeds 100 percent of the federal poverty level are eligible for MassHealth Standard provided they:

(1) or their spouse or both are receiving Retirement, Survivors, and Disability Insurance

benefits;

(2) were eligible for and received SSI benefits after April 1977;

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(3) would be currently eligible for SSI, in accordance with SSI payment standards at 130 CMR 519.003(B), if the incremental amount of RSDI cost-of-living increases paid to them since the last month subsequent to April 1977, for which they were both eligible for and receiving SSI and entitled to (but not necessarily receiving) RSDI were deducted from the current amount of RSDI benefits. Cost-of-living increases referred to in 130 CMR 519.003 include increases received by the applicant or member or by the spouse. The spouse need not be otherwise eligible for SSI; and

(4) have countable assets that are \$2,000 or less for an individual, and \$3,000 or less for a married couple.

(B) SSI Payment Standards. The RSDI amount, as described in 130 CMR 519.003(A)(3), and any other countable-income amount, as defined in 130 CMR 520.009, of the individual or couple is compared to the SSI payment standards to determine Pickle eligibility.

| MASSACHUSETTS SSI PAYMENT STANDARDS | | | | | |
|---|--|--------------------------------------|------------------------------------|----------------------------------|-------------------------------|
| <u>LIVING ARRANGEMENT CATEGORY</u> | | | | | |
| | A | B | C | E | G |
| | <u>Full Cost of Living Expenses</u> | <u>Shared Living Expenses</u> | <u>Household of Another</u> | <u>Licensed Rest Home</u> | <u>Assisted Living</u> |
| <u>Individual</u> | | | | | |
| Aged | \$802.82 | 713.26 | 553.70 | 967.00 | 1128.00 |
| Disabled | 788.39 | 704.40 | 536.92 | 967.00 | 1128.00 |
| Blind | 823.74 | 823.74 | 823.74 | 823.74 | 1128.00 |
| <u>Member of a Couple</u> | | | | | |
| Aged | \$606.36 | 606.36 | 444.90 | 967.00 | 846.00 |
| Disabled | 595.53 | 595.53 | 434.09 | 967.00 | 846.00 |
| Blind | 823.74 | 823.74 | 823.74 | 823.74 | 846.00 |
| NOTE:- The SSI federal benefit rate (FBR) for an individual is \$674.00. | | | | | |
| NOTE:- The personal-needs allowance in licensed rest homes is \$72.80. The personal-needs allowance in nursing facilities and chronic-disease hospitals is \$72.80. | | | | | |

(C) Financial Standards Not Met:- Individuals whose income, assets, or both exceed the standards in 130 CMR 519.003 may establish eligibility by reducing assets in accordance with

130 CMR 520.004, meeting a deductible as described in 130 CMR 520.028 et seq., or both.

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519.004: Disabled Adult Children

(A) Eligibility Requirements~~---~~. Individuals who lose eligibility for Supplemental Security Income (SSI) benefits may retain eligibility for MassHealth Standard provided that they:

- (1) are at least 18 years old;
- (2) became blind or disabled before attaining the age of 22;
- (3) receive or received SSI based on their blindness or disability;
- (4) received an increase in child's insurance benefits under Section 202(d) of the Social Security Act, or became entitled to those benefits on the basis of blindness or disability, on or after July 1, 1987;
- (5) lose or lost SSI as a result of this entitlement or increase in child's insurance benefits under Section 202(d) of the Social Security Act; and
- (6) would still be eligible for SSI in the absence of such RSDI benefits or increase in benefits.

(B) Financial Standards Not Met. Individuals whose income, assets, or both exceed the standards set forth in 130 CMR 519.004(A) may establish eligibility for MassHealth Standard by reducing their assets in accordance with 130 CMR 520.004, meeting a deductible as described at 130 CMR 520.028 et seq., or both.

519.005: Community Residents Aged 65 and Older

(A) Eligibility Requirements. Except as provided in 130 CMR 519.005(C), noninstitutionalized individuals aged 65 and older may establish eligibility for MassHealth Standard coverage provided they meet the following requirements:

- (1) the countable-income amount, as defined in 130 CMR 520.009, of the individual or couple is less than or equal to 100 percent of the federal poverty level; and
- (2) the countable assets of an individual are \$2,000 or less, and those of a married couple living together are \$3,000 or less.

(B) Financial Standards Not Met~~---~~. Except as provided in 130 CMR 519.005(C), individuals whose income, assets, or both exceed the standards set forth in 130 CMR 519.005(A) may establish eligibility for MassHealth Standard by reducing their assets in accordance with 130 CMR 520.004, meeting a deductible as described at 130 CMR 520.028 et seq., or both.

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Rev. ~~01/01/04DR~~(C) Parents and Caretaker Relatives of Children Under Age 19.

- (1) Eligibility Requirements. Adults who are aged 65 and older and are the parents or caretaker relatives of a child under age 19 receive MassHealth Standard if they meet the requirements of 130 CMR 505.002(~~BC~~) or (~~DL~~).
- (2) Other Provisions. The following provisions apply to adults described in 130 CMR 519.005(C)(1): 130 CMR 505.002(A)(~~26~~), (~~IM~~), (~~GO~~), and (~~JP~~).
- (3) Countable Income. Eligibility for adults described in 130 CMR 519.005(C)(1) is based on the ~~applicant's or member's family group countable earned and unearned income, individual's modified adjusted gross income of the MassHealth MAGI household~~ and the income rules described at 130 CMR 506.002, 506.003, and 506.004.
- (4) Exemption from Asset Limits--. The asset limits in 130 CMR 520.003 do not apply to applicants or members described in 130 CMR 519.005(C)(1).

519.006: Long-Term-Care Residents

(A) Eligibility Requirements. Institutionalized individuals may establish eligibility for MassHealth Standard coverage subject to the following requirements. They must::

- (1) be under age ~~1821~~ or aged 65 or older; or, for individuals aged ~~1821~~ to 64 inclusive, meet Title XVI disability standards or be pregnant;
- (2) be determined medically eligible for nursing-facility services by ~~MassHealth-the MassHealth agency~~ or ~~MassHealth's~~ agent as a condition for payment, in accordance with 130 CMR 456.000;
- (3) contribute to the cost of care as defined at 130 CMR 520.026;
- (4) have countable assets of \$2,000 or less for an individual and, for married couples where one member of the couple is institutionalized, have assets that are less than or equal to the standards at 130 CMR 520.016(B); and
- (5) not have transferred resources for the sole purpose of obtaining MassHealth as described at 130 CMR 520.018 and 520.019.

(B) Verification of Disability or Pregnancy.

- (1) Disability is verified by:
 - (a) certification of legal blindness by the Massachusetts Commission for the Blind (MCB);
 - (b) a determination of disability by the Social Security Administration (SSA); or
 - (c) a determination of disability by MassHealth's Disability Determination Unit (DDU). Until this determination is made, the applicant's submission of a completed disability supplement will satisfy the verification requirement.

(2) Pregnancy is verified by a written statement from a competent medical authority certifying the pregnancy.

519.007: Individuals Who Would Be Institutionalized

130 CMR 519.007 describes the eligibility requirements for MassHealth Standard coverage for individuals who would be institutionalized if they were not receiving home- and community-based services.

(A) The Kaileigh Mulligan Program. The Kaileigh Mulligan Program enables severely disabled children under the age of 18 years to remain at home. The income and assets of their parents are not considered in the determination of eligibility.

(1) Eligibility Requirements. Children under the age of 18 years may establish eligibility for the Kaileigh Mulligan Program by meeting the following requirements. They must

- (a) (i) meet Title XVI disability standards in accordance with the definition of permanent and total disability for children under the age of 18 years in 130 CMR 515.001 or have been receiving SSI on August 22, 1996; and
- (ii) continue to meet Title XVI disability standards that were in effect before August 22, 1996;
- (b) have \$2,000 or less in countable assets;
- (c) (i) have a countable-income amount of \$72.80 or less; or
- (ii) if greater than \$72.80, meet a deductible in accordance with 130 CMR 520.028 et seq.; and
- (d) require a level of care equivalent to that provided in a hospital or nursing facility in accordance with 130 CMR 519.007(A)(3) and (4).

(2) Additional Requirements. The MassHealth agency must have determined

- (a) that care provided outside an institution is appropriate; and
- (b) that the estimated cost paid by the MassHealth agency would not be more than the estimated cost paid if the child were institutionalized.

(3) Level of Care That Must Be Required in a Hospital. To require the level of care provided in a hospital, the child must have a medical need for the following:

- (a) direct administration of at least two discrete skilled-nursing services (as defined in 130 CMR 515.001) on a daily basis, each of which requires complex nursing procedures, such as administration of intravenous hyperalimentation, changing tracheotomy tubes, assessment or monitoring related to an uncontrolled seizure disorder, assessment or monitoring related to an unstable cardiopulmonary status, or other unstable medical condition;
- (b) direct management of the child's medical care by a physician or provided directly by someone who is under the supervision of a physician on at least a weekly basis;
- (c) ongoing use of invasive medical technologies or techniques to sustain life (such as ventilation, hyperalimentation, gastrostomy tube feeding), or dialysis, or both; and

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(d) at least one of the following:

(i) assistance in one or more activities of daily living (ADLs), as defined in 130 CMR 515.001: *Definition of Terms*, beyond what is required at an age-appropriate activity level; or

(ii) one or more skilled therapeutic services (occupational therapy, physical therapy, or speech and language therapy), provided directly by or under the supervision of a licensed therapist at least five times a week.

(4) Level of Care That Must Be Required in a Skilled-Nursing Facility. To require the level of care provided in a skilled-nursing facility, the child must be nonambulatory and meet the following requirements.

(a) A child 12 months of age or older must have global developmental skills (as defined in 130 CMR 515.001: *Definition of Terms*) not exceeding those of a 12-month-old child as indicated by a developmental assessment performed by the child's physician or by another certified professional. In addition, the child's developmental skills level must not be expected to improve.

(b) A child less than 12 months of age must have global developmental skills significantly below an age-appropriate level and such skills must not be expected to progress at an age-appropriate rate as indicated by a developmental assessment performed by the child's physician or by another certified professional.

(c) Regardless of age, the child must also require all of the following:

(i) direct administration of at least two discrete skilled-nursing services on a daily basis, each of which requires complex nursing procedures as described at 130 CMR 519.007(A)(3);

(ii) direct management of the child's medical care by a physician or provided directly by someone who is under the supervision of a physician on a monthly basis;

(iii) assistance in one or more ADLs beyond what is required at an age-appropriate activity level; and

(iv) any combination of skilled therapeutic services (physical therapy, occupational therapy, speech and language therapy) provided directly by or under the supervision of a licensed therapist at least five times a week.

[\(5\) Premium Assistance for Standard Kaileigh Mulligan. Individuals eligible for MassHealth Standard in 130 CMR 519.007\(A\) may be eligible for Premium Assistance if they meet the requirements described in 130 CMR 505.002\(N\) and 506.012.](#)

(B) Home- and Community-Based Services Waiver-Frail Elder.

(1) Clinical and Age Requirements. The Home- and Community-Based Services Waiver allows an applicant or member who is certified by the MassHealth agency or its agent to be in need of nursing-facility services to receive certain waiver services at home if he or she

(a) is 60 years of age or older and, if under age 65, is permanently and totally disabled in accordance with Title XVI standards; and

(b) would be institutionalized in a nursing facility, unless he or she receives one or more of the services administered by the Executive Office of Elder Affairs under the Home- and Community-Based Services Waiver-Frail Elder authorized under Section 1915(c) of the Social Security Act.

(2) Eligibility Requirements. In determining eligibility for MassHealth Standard and for waiver services, the MassHealth agency counts the income and assets of only the applicant or member regardless of his or her marital status. The applicant or member must

(a) meet the requirements of 130 CMR 519.007(B)(1)(a) and (b);

(b) have a countable-income amount less than or equal to 300 percent of the federal benefit rate (FBR) for an individual; and

(c) have countable assets of \$2,000 or less and have not transferred resources for the sole purpose of obtaining MassHealth as described at 130 CMR 520.018: *Transfer of Resources Regardless of the Transfer Date* and 520.019: *Transfer of Resources Occurring on or After August 11, 1993*.

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(3) Financial Standards Not Met. Individuals whose income, assets, or both exceed the standards set forth in 130 CMR 519.007(B)(2) may establish eligibility for MassHealth Standard by reducing their assets in accordance with 130 CMR 520.004, by meeting a deductible as described at 130 CMR 520.028 et seq., or by both.

(C) Program of All-Inclusive Care for the Elderly (PACE).

(1) Overview. The PACE program is a comprehensive health program that is designed to keep frail, older individuals who are certified eligible for nursing-facility services living in the community.

(a) A complete range of health-care services is provided by one designated community-based program with all medical and social services coordinated by a team of health professionals.

(b) The MassHealth agency administers the program in Massachusetts as the Elder Service Plan (ESP).

(c) Persons enrolled in PACE have services delivered through managed care

(i) in day-health centers;

(ii) at home; and

(iii) in specialty or inpatient settings, if needed.

(2) Eligibility Requirements. In determining PACE eligibility, the MassHealth agency counts the income and assets of only the applicant or member regardless of his or her marital status.

The applicant or member must meet all of the following criteria:

(a) be aged 55 or older;

(b) meet Title XVI disability standards if aged 55 through 64;

(c) be certified by the MassHealth agency or its agent to be in need of nursing-facility services;

(d) live in a designated service area;

(e) have medical services provided in a specified community-based PACE program;

(f) have countable assets whose total value does not exceed \$2,000 or, if assets exceed these standards, reduce assets in accordance with 130 CMR 520.004; and

(g) have a countable-income amount less than or equal to 300 percent of the federal benefit rate (FBR) for an individual.

(3) Income Standards Not Met. Individuals whose income exceeds the standards set forth in 130 CMR 519.007(C)(2) may establish eligibility for MassHealth Standard by meeting a deductible as described at 130 CMR 520.028 et seq.

(D) Home- and Community-Based Services Waivers for Persons with an Intellectual Disability.

(1) Adult Residential Waiver.

(a) Clinical and Age Requirements. The Adult Residential Home- and Community-Based Services Waiver for Persons with an Intellectual Disability allows an applicant or member who is certified by the MassHealth agency or its agent to be in need of inpatient care at an intermediate-care facility for the mentally retarded to receive residential habilitation and other specified waiver services in a provider-operated 24-hour supervised residential setting if he or she meets all of the following criteria:

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- (i) has an intellectual disability/developmental disability in accordance with Department of Developmental Services standards;
 - (ii) needs one or more of the services administered by the Department of Developmental Services under the Adult Residential Home- and Community-Based Services Waiver authorized under Section 1915(c) of the Social Security Act;
 - (iii) needs residential habilitation as provided under the Adult Residential Waiver; and
 - (iv) is aged 18 or older and, if under age 65, is totally and permanently disabled in accordance with Title XVI standards.
- (b) Eligibility Requirements. In determining eligibility for MassHealth Standard and for these waiver services, the MassHealth agency counts the income and assets of only the applicant or member regardless of his or her marital status. The applicant or member must meet all of the following criteria:
- (i) meet the requirements of 130 CMR 519.007(D)(1)(a);
 - (ii) have countable income that is less than or equal to 300 percent of the federal benefit rate (FBR) for an individual;
 - (iii) have countable assets of \$2,000 or less; and
 - (iv) have not transferred resources for the sole purpose of obtaining MassHealth, as described in 130 CMR 520.018 and 520.019.
- (c) Financial Eligibility Standards Not Met. Individuals whose income, assets, or both exceed the standards set forth in 130 CMR 519.007(D)(1)(b) may establish eligibility for MassHealth Standard by reducing their assets in accordance with 130 CMR 520.004, by meeting a deductible as described in 130 CMR 520.028 et seq., or by both.
- (d) Enrollment Limits. Enrollment in the Adult Residential Home- and Community-Based Services Waiver for Persons with an Intellectual Disability is subject to a limit on the total number of waiver participants. The number of participants who can be enrolled in the waiver may be limited in a manner determined by the MassHealth agency.
- (2) Community Living Waiver.
- (a) Clinical and Age Requirements. The Community Living Home- and Community-Based Services Waiver for Persons with an Intellectual Disability allows an applicant or member who is certified by the MassHealth agency or its agent to be in need of inpatient care at an intermediate-care facility for the mentally retarded to receive certain waiver services, other than residential habilitation, at home or in the community provided he or she
- (i) has an intellectual disability/developmental disability in accordance with Department of Developmental Services standards;
 - (ii) needs one or more of the services administered by the Department of Developmental Services under the Community Living Home- and Community-Based Services Waiver authorized under Section 1915(c) of the Social Security Act;
 - (iii) needs one or more of the services provided only under the Community Living Waiver; and
 - (iv) is aged 18 or older and, if under age 65, is totally and permanently disabled in accordance with Title XVI standards.

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- (b) Eligibility Requirements. In determining eligibility for MassHealth Standard and for these waiver services, the MassHealth agency counts the income and assets of only the applicant or member regardless of his or her marital status. The applicant or member must meet all of the following criteria:
- (i) meet the requirements of 130 CMR 519.007(D)(2)(a);
 - (ii) have countable income that is less than or equal to 300 percent of the federal benefit rate (FBR) for an individual;
 - (iii) have countable assets of \$2,000 or less; and
 - (iv) have not transferred resources for the sole purpose of obtaining MassHealth, as described in 130 CMR 520.018 and 520.019.
- (c) Financial Eligibility Standards Not Met. Individuals whose income, assets, or both exceed the standards set forth in 130 CMR 519.007(D)(2)(b) may establish eligibility for MassHealth Standard by reducing their assets in accordance with 130 CMR 520.004, by meeting a deductible as described in 130 CMR 520.028 et seq., or by both.
- (d) Enrollment Limits. Enrollment in the Community Living Home- and Community-Based Services Waiver for Persons with an Intellectual Disability is subject to a limit on the total number of waiver participants. The number of participants who can be enrolled in the waiver may be limited in a manner determined by the MassHealth agency.
- (3) Adult Supports Waiver.
- (a) Clinical and Age Requirements. The Adult Supports Home- and Community-Based Services Waiver for Persons with an Intellectual Disability allows an applicant or member who is certified by the MassHealth agency or its agent to be in need of inpatient care at an intermediate-care facility for the mentally retarded to receive certain waiver services, other than residential habilitation, at home or in the community provided he or she
- (i) has an intellectual disability/developmental disability in accordance with Department of Developmental Services standards;
 - (ii) needs one or more of the services administered by the Department of Developmental Services under the Adult Supports Home- and Community-Based Services Waiver authorized under Section 1915(c) of the Social Security Act;
 - (iii) needs one or more of the services provided only under the Adult Supports Waiver; and
 - (iv) is aged 18 or older and, if under age 65, is totally and permanently disabled in accordance with Title XVI standards.
- (b) Eligibility Requirements. In determining eligibility for MassHealth Standard and for these waiver services, the MassHealth agency counts the income and assets of only the applicant or member regardless of his or her marital status. The applicant or member must meet all of the following criteria:
- (i) meet the requirements of 130 CMR 519.007(D)(3)(a);
 - (ii) have countable income that is less than or equal to 300 percent of the federal benefit rate (FBR) for an individual;
 - (iii) have countable assets of \$2,000 or less; and
 - (iv) have not transferred resources for the sole purpose of obtaining MassHealth, as described in 130 CMR 520.018 and 520.019.

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- (c) Financial Eligibility Standards Not Met. Individuals whose income, assets, or both exceed the standards set forth in 130 CMR 519.007(D)(3)(b) may establish eligibility for MassHealth Standard by reducing their assets in accordance with 130 CMR 520.004, by meeting a deductible as described in 130 CMR 520.028 et seq., or by both.
- (d) Enrollment Limits. Enrollment in the Adult Supports Home- and Community-Based Services Waiver for Persons with an Intellectual Disability is subject to a limit on the total number of waiver participants. The number of participants who can be enrolled in the waiver may be limited in a manner determined by the MassHealth agency.
- (E) Home- and Community-Based Services Waiver for Young Children with Autism.
- (1) Clinical Requirements. The Home- and Community-Based Services Waiver allows an applicant or member who is certified by the MassHealth agency or its agent to be in need of inpatient care at an intermediate-care facility for the mentally retarded to receive certain waiver services at home or in the community provided he or she
- (a) has a confirmed diagnosis of an autism spectrum disorder (which includes autistic disorder, pervasive developmental disorder-not otherwise specified (PDD-NOS), Rhetts's syndrome, childhood disintegrative disorder, and Asperger's syndrome);
- (b) would be institutionalized in an intermediate-care facility for the mentally retarded unless he or she receives one or more of the services administered by the Department of Developmental Services under the Home- and Community-Based Services Waiver authorized under Section 1915(c) of the Social Security Act; and
- (c) is able to be safely served in the community.
- (2) Eligibility Requirements and Limitations.
- (a) The applicant or member must be under nine years of age.
- (b) The child must be eligible for MassHealth Standard in accordance with 130 CMR 505.002(~~CB~~)(1) and (2).
- (c) Assets are not considered in the eligibility determination.
- (d) The number of children who can be enrolled in this waiver may be limited in a manner determined by the MassHealth agency or its agent.
- (F) Home- and Community-Based Services Waiver for Persons with Traumatic Brain Injury.
- (1) Clinical and Age Requirements. The Home- and Community-Based Services Waiver for Persons with Traumatic Brain Injury allows an applicant or member who is certified by the MassHealth agency or its agent to be in need of nursing facility services or chronic or rehabilitation hospital services to receive specified waiver services in the home or community if he or she
- (a) is 18 years of age or older and, if under age 65, is totally and permanently disabled in accordance with Title XVI standards;
- (b) has traumatic brain injury, as defined in Massachusetts Rehabilitation Commission (MRC) regulations at 107 CMR 12.02;
- (c) needs one or more of the services administered by MRC under the Home- and Community-Based Services Waiver authorized under Section 1915(c) of the Social Security Act; and
- (d) is able to be safely served in the community.

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- (2) Eligibility Requirements. In determining eligibility for MassHealth Standard and for waiver services, the MassHealth agency counts the income and assets of only the applicant or member regardless of his or her marital status. The applicant or member must
- (a) meet the requirements of 130 CMR 519.007(F)(1);
 - (b) have a countable income amount that is less than or equal to 300 percent of the federal benefit rate (FBR) for an individual;
 - (c) have countable assets of \$2,000 or less; and
 - (d) have not transferred resources for the purpose of obtaining MassHealth, as described in 130 CMR 520.018: *Transfer of Resources Regardless of Date of Transfer* and 520.019: *Transfer of Resources Occurring on or after August 11, 1993*.
- (3) Enrollment Limits. Enrollment in this waiver is subject to a limit on the total number of waiver participants. The number of participants who can be enrolled in this waiver may be limited in a manner determined by the MassHealth agency or its agent.

(G) Home- and Community-Based Services Waivers for Persons with Acquired Brain Injury.

- (1) Residential Habilitation Waiver for Persons with Acquired Brain Injury.
- (a) Clinical and Age Requirements. The Residential Habilitation Waiver for Persons with Acquired Brain Injury, as authorized under Section 1915(c) of the Social Security Act, allows an applicant or member who is certified by the MassHealth agency or its agent to be in need of nursing facility services or chronic disease or rehabilitation hospital services to receive residential habilitation and other specified waiver services in a provider-operated 24-hour supervised residential setting if he or she meets all of the following criteria:
- (i) is 22 years of age or older and, if under age 65, is totally and permanently disabled in accordance with Title XVI standards;
 - (ii) acquired, after reaching age 22, a brain injury including, without limitation, brain injuries caused by external force, but not including Alzheimer's disease and similar neuro-degenerative diseases, the primary manifestation of which is dementia;
 - (iii) is an inpatient in a nursing facility or chronic disease or rehabilitation hospital with a continuous length of stay of 90 or more days at the time of application for the waiver;
 - (iv) is not expected to incur annual MassHealth expenditures, including MassHealth expenditures under the Residential Habilitation Waiver, in excess of the individual cost limit specified in the Residential Habilitation Waiver;
 - (v) needs residential habilitation under the Residential Habilitation Waiver; and
 - (vi) is able to be safely served in the community within the terms of the Residential Habilitation Waiver.
- (b) Eligibility Requirements. In determining eligibility for MassHealth Standard and for these waiver services, the MassHealth agency counts the income and assets of only the applicant or member regardless of his or her marital status. The applicant or member must
- (i) meet the requirements of 130 CMR 519.007 (G)(1)(a);
 - (ii) have countable income that is less than or equal to 300 percent of the federal benefit rate (FBR) for an individual;
 - (iii) have countable assets of \$2,000 or less; and
 - (iv) not have transferred resources for the purpose of obtaining MassHealth, as described in 130 CMR 520.018: *Transfer of Resources Regardless of Date of Transfer* and 520.019: *Transfer of Resources Occurring on or after August 11, 1993*.

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- (c) Enrollment Limits. Enrollment in the Residential Habilitation Waiver is subject to a limit on the total number of waiver participants. The number of participants who can be enrolled in this waiver may be limited in a manner determined by the MassHealth agency. Applications will be subject to an open application period and a random-selection process, as may be announced from time to time by the MassHealth agency. Applications that are not submitted during an open enrollment application period will be denied.
- (d) Waiver Services. Eligible members who are enrolled as waiver participants in the Residential Habilitation Waiver are eligible for the waiver services described in 130 CMR 630.405(A): *Acquired Brain Injury with Residential Rehabilitation (ABI-RH) Waiver*.
- (2) Non-Residential Habilitation Waiver for Persons with Acquired Brain Injury.
- (a) Clinical and Age Requirements. The Non-Residential Habilitation Waiver for Persons with Acquired Brain Injury, as authorized under Section 1915(c) of the Social Security Act, allows an applicant or member who is certified by the MassHealth agency or its agent to be in need of nursing facility services or chronic disease or rehabilitation hospital services to receive specified waiver services, other than residential rehabilitation, in the home or community if he or she meets all of the following criteria:
- (i) is 22 years of age or older and, if under age 65, is totally and permanently disabled in accordance with Title XVI standards;
 - (ii) acquired, after reaching age 22, a brain injury including, without limitation, brain injuries caused by external force, but not including Alzheimer's disease and similar neuro-degenerative diseases, the primary manifestation of which is dementia;
 - (iii) is an inpatient in a nursing facility or chronic disease or rehabilitation hospital with a continuous length of stay of 90 or more days at the time of application for the waiver;
 - (iv) is not expected to incur annual MassHealth expenditures, including MassHealth expenditures under the Non-Residential Habilitation Waiver, in excess of the individual cost limit specified in the Non-Residential Habilitation Waiver;
 - (v) needs one or more of the services under the Non-Residential Habilitation Waiver; and
 - (vi) is able to be safely served in the community within the terms of the Non-Residential Habilitation Waiver.
- (b) Eligibility Requirements. In determining eligibility for MassHealth Standard and for these waiver services, the MassHealth agency counts the income and assets of only the applicant or member regardless of his or her marital status. The applicant or member must
- (i) meet the requirements of 130 CMR 519.007 (G)(2)(a);
 - (ii) have countable income that is less than or equal to 300 percent of the federal benefit rate (FBR) for an individual;
 - (iii) have countable assets of \$2,000 or less; and
 - (iv) not have transferred resources for the purpose of obtaining MassHealth, as described in 130 CMR 520.018: *Transfer of Resources Regardless of Date of Transfer* and 520.019: *Transfer of Resources Occurring on or after August 11, 1993*.

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(c) Enrollment Limits. Enrollment in the Non-Residential Habilitation Waiver is subject to a limit on the total number of waiver participants. The number of participants who can be enrolled in this waiver may be limited in a manner determined by the MassHealth agency.

(d) Waiver Services. Eligible members who are enrolled as waiver participants in the Non-Residential Habilitation Waiver are eligible for the waiver service described in 130 CMR 630.405(B): *Acquired Brain Injury Non-Residential Habilitation (ABI-N) Waiver*.

(H) Money Follows the Person Home- and Community-Based Services Waivers.

(1) Money Follows the Person (MFP) Residential Supports Waiver.

(a) Clinical and Age Requirements. The MFP Residential Supports Waiver, as authorized under Section 1915(c) of the Social Security Act, allows an applicant or member who is certified by the MassHealth agency or its agent to be in need of nursing facility services, chronic disease or rehabilitation hospital services, or, for participants ages 18 through 21 or age 65 and older, psychiatric hospital services to receive residential support services and other specified waiver services in a 24-hour supervised residential setting if he or she meets all of the following criteria:

- (i) is 18 years of age or older and, if under age 65, is totally and permanently disabled in accordance with Title XVI standards;
- (ii) is an inpatient in a nursing facility, chronic disease or rehabilitation hospital, or, for participants ages 18 through 21 or age 65 and older, psychiatric hospital with a continuous length of stay of 90 or more days, excluding rehabilitation days;
- (iii) must have received MassHealth benefits for inpatient services, and be MassHealth eligible at least the day before discharge;
- (iv) must be assessed to need residential habilitation, assisted living services, or shared living 24-hour supports services within the terms of the MFP Residential Supports Waiver;
- (v) is able to be safely served in the community within the terms of the MFP Residential Supports Waiver; and
- (vi) is transitioning to the community setting from a facility, moving to a qualified residence, such as a home owned or leased by the applicant or a family member, an apartment with an individual lease, or a community-based residential setting in which no more than four unrelated individuals reside.

(b) Eligibility Requirements. In determining eligibility for MassHealth Standard and for these waiver services, the MassHealth agency counts the income and assets of only the applicant or member regardless of his or her marital status. The applicant or member must

- (i) meet the requirements of 130 CMR 519.007 (H)(1)(a);
- (ii) have countable income that is less than or equal to 300 percent of the federal benefit rate (FBR) for an individual;
- (iii) have countable assets of \$2,000 or less; and
- (iv) not have transferred resources for the purpose of obtaining MassHealth, as described in 130 CMR 520.018: *Transfer of Resources Regardless of Date of Transfer* and 520.019: *Transfer of Resources Occurring on or after August 11, 1993*.

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- (c) Enrollment Limits. Enrollment in the MFP Residential Supports Waiver is subject to a limit on the total number of waiver participants. The number of participants who can be enrolled in this waiver may be limited in a manner determined by the MassHealth agency.
- (d) Waiver Services. Eligible members who are enrolled as waiver participants in the MFP Residential Supports Waiver are eligible for the waiver services described in 130 CMR 630.405(C): *Money Follows the Person Residential Supports (MFP-RS) Waiver*.
- (2) Money Follows the Person (MFP) Community Living Waiver.
- (a) Clinical and Age Requirements. The MFP Community Living Waiver, as authorized under Section 1915(c) of the Social Security Act, allows an applicant or member who is certified by the MassHealth agency or its agent to be in need of nursing facility services, chronic disease or rehabilitation hospital services, or, for participants ages 18 through 21 or age 65 and older, psychiatric hospital services to receive specified waiver services, other than residential support services in the home or community, if he or she meets all of the following criteria:
- (i) is 18 years of age or older and, if under age 65, is totally and permanently disabled in accordance with Title XVI standards;
 - (ii) is an inpatient in a nursing facility, chronic disease or rehabilitation hospital, or, for participants ages 18 through 21 or age 65 and older, psychiatric hospital with a continuous length of stay of 90 or more days, excluding rehabilitation days;
 - (iii) must have received MassHealth benefits for inpatient services, and be MassHealth eligible at least the day before discharge;
 - (iv) needs one or more of the services under the MFP Community Living Waiver;
 - (v) is able to be safely served in the community within the terms of the MFP Community Living Waiver; and
 - (vi) is transitioning to the community setting from a facility, moving to a qualified residence, such as a home owned or leased by the applicant or a family member, an apartment with an individual lease, or a community-based residential setting in which no more than four unrelated individuals reside.
- (b) Eligibility Requirements. In determining eligibility for MassHealth Standard and for these waiver services, the MassHealth agency counts the income and assets of only the applicant or member regardless of his or her marital status. The applicant or member must
- (i) meet the requirements of 130 CMR 519.007 (H)(2)(a);
 - (ii) have countable income that is less than or equal to 300 percent of the federal benefit rate (FBR) for an individual;
 - (iii) have countable assets of \$2,000 or less; and
 - (iv) not have transferred resources for the purpose of obtaining MassHealth, as described in 130 CMR 520.018: *Transfer of Resources Regardless of Date of Transfer* and 520.019: *Transfer of Resources Occurring on or after August 11, 1993*.
- (c) Enrollment Limits. Enrollment in the MFP Community Living Waiver is subject to a limit on the total number of waiver participants. The number of participants who can be enrolled in this waiver may be limited in a manner determined by the MassHealth agency.
- (d) Waiver Services. Eligible members who are enrolled as waiver participants in the MFP Community Living Waiver are eligible for the waiver services described in 130 CMR 630.405(D): *Money Follows the Person Community Living (MFP-CL) Waiver*.

Trans. by E.L. ~~197DR~~

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Rev. ~~09/01/09DR~~519.009: MassHealth Limited(A) Eligibility Requirements.

(1) MassHealth Limited is available to community residents aged 65 and older meeting the financial and categorical requirements of MassHealth Standard coverage as described at 130 CMR 519.005(A) and (B) and who are

(a) ~~nonqualified aliens undocumented noncitizens~~ described in 130 CMR 518.002003(~~ED~~); ~~or~~

~~(b) aliens with special status as described in 130 CMR 518.002(D) who are not categorically eligible as a child age 19 or a pregnant woman.~~

~~(b) qualified aliens barred as described in 130 CMR 518.003(A)(2);~~

~~(c) immigrants lawfully present as described in 130 CMR 518.003(A)(3); or~~

~~(d) nonqualified PRUCOLs as described in 130 CMR 518.003(C).~~

(2) Community residents aged 65 and older who are qualified aliens barred, as described in 130 CMR 518.003(A)(2), immigrants lawfully present, as described in 130 CMR 518.003(A)(3), and nonqualified PRUCOLs, as described in 130 CMR 518.003(C), may also be eligible for MassHealth Family Assistance if they meet the categorical and financial requirements of 130 CMR 519.013.

(3) Persons eligible for MassHealth Limited coverage are eligible for medical benefits described at 130 CMR 450.105(~~GF~~).

~~(34) Nonqualified aliens and aliens with special status must meet all other requirements of MassHealth Standard with the exception of furnishing or applying for a social security number.~~

~~(45) Aliens lawfully admitted for a temporary purpose such as students, visitors, and diplomats are eligible for MassHealth Limited coverage provided they meet all other eligibility requirements including residence.~~

(B) Use of Potential Benefits. All individuals who meet the requirements of 130 CMR 519.009 must use potential health-insurance benefits in accordance with 130 CMR 517.008 and must enroll in health insurance, including Medicare, if available at no greater cost to the applicant or member than he or she would pay without access to health insurance. Members must access those other health-insurance benefits and must show both their private health-insurance card and their MassHealth card to providers at the time services are provided.

(~~BC~~) Coverage Date. The begin date of medical coverage is established in accordance with 130 CMR 516.005.

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- (A) Eligibility Requirements. MassHealth Senior Buy-In coverage is available to Medicare beneficiaries who
- (1) are entitled to hospital benefits under Medicare Part A;
 - (2) have a countable income amount (including the income of the spouse with whom he or she lives) that is less than or equal to 100 percent of the federal poverty level;
 - (3) (a) in calendar year 2011, have countable assets of \$6,680 or less for an individual, or \$10,020 or less for a married couple living together; or
(b) in calendar year 2012, have countable assets of \$6,940 or less for an individual, or \$10,410 or less for a married couple living together; and
 - (4) meet the universal requirements of MassHealth Standard coverage.
- (B) Benefits. The MassHealth agency pays for Medicare Part A and Part B premiums and for deductibles and coinsurance under Medicare Parts A and B.
- (C) Begin Date. The begin date for MassHealth Senior Buy-In coverage is the first day of the calendar month following the date of the MassHealth eligibility determination.

519.011: MassHealth Buy-In

- (A) MassHealth Buy-In for Specified Low Income Medicare Beneficiaries.
- (1) Eligibility Requirements. MassHealth Buy-In coverage for Specified Low Income Medicare Beneficiaries is available to Medicare beneficiaries who meet the eligibility requirements of MassHealth Senior Buy-In coverage at 130 CMR 519.010 with the following exception: the countable income amount of the individual and his or her spouse must be greater than 100 percent of the federal poverty level and less than 120 percent of the federal poverty level.
 - (2) Benefits. The MassHealth agency pays the cost of the monthly Medicare Part B premium for members who establish eligibility for MassHealth Buy-In coverage in accordance with 130 CMR 519.011(A).
 - (3) Begin Date. MassHealth Buy-In coverage, in accordance with 130 CMR 519.011(A), begins with the month of application and may be retroactive up to three calendar months before the month of application.
- (B) MassHealth Buy-In for Qualifying Individuals.
- (1) Eligibility Requirements. MassHealth Buy-In coverage for Qualifying Individuals is also available to Medicare beneficiaries who
 - (a) are entitled to hospital benefits under Medicare Part A;
 - (b) are not eligible for any other MassHealth coverage type;

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- (c) have a countable income amount (including the income of the spouse with whom he or she lives) that is equal to or greater than 120 percent of the federal poverty level and less than 135 percent of the federal poverty level; and
- (d) (i) in calendar year 2011, have countable assets of \$6,680 or less for an individual, or \$10,020 or less for a married couple living together; or
- (ii) in calendar year 2012, have countable assets of \$6,940 or less for an individual, or \$10,410 or less for a married couple living together
- (iii) each calendar year thereafter, adjustments shall be made available on MassHealth's website.

(2) Benefits. The MassHealth agency pays the entire Medicare Part B premium, in accordance with section 1933 of the Social Security Act (42 U.S.C. § 1396u-3), for members who meet the requirements of 130 CMR 519.011(B) and have a countable income amount that is equal to or greater than 120 percent of the federal poverty level and less than 135 percent of the federal poverty level. Such payments are made through the state Medicare Buy-In process.

(3) Eligibility Coverage Period.

(a) MassHealth Buy-In coverage, in accordance with 130 CMR 519.011(B), begins with the month of application. Coverage may be retroactive up to three months before the month of application provided

- (i) the retroactive date does not extend into a calendar year in which the expenditure cap described at 130 CMR 519.011(B)(4) has been met;
- (ii) the retroactive date is not earlier than October 1, 1998; and
- (iii) the applicant was not receiving MassHealth during the retroactive period.

(b) Once determined eligible, a member who continues to meet the requirements of 130 CMR 519.011(B) is eligible for the balance of the calendar year. Such members are not adversely impacted by the provisions of 130 CMR 519.011(B)(4).

(4) Cap on Expenditures.

(a) The MassHealth agency does not extend eligibility to individuals who meet the requirements of 130 CMR 519.011(B), if the MassHealth agency estimates the amount of assistance provided to these members during the calendar year will exceed the state's allocation, as described in section 1933 of the Social Security Act.

(b) The MassHealth agency gives preference to members who were eligible for MassHealth Buy-In, as described in 130 CMR 519.011, or MassHealth Senior Buy-In, as described in 130 CMR 519.010, in December of the previous calendar year when determining an individual's eligibility for MassHealth Buy-In, as described in 130 CMR 519.011(B), in the subsequent calendar year.

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Page 519.012Rev. 05/02/12DR519.012: MassHealth CommonHealth(A) Working Disabled Adults.

(1) Eligibility Requirements. MassHealth CommonHealth for working disabled adults is available to community residents aged 65 and older in the same manner as they are available to those under age 65. This means they must meet the requirements of 130 CMR 505.004(B)(2), (3), and ~~(4)~~5).

(2) Other Provisions. The following provisions apply to CommonHealth applicants and members aged 65 and older: 130 CMR 505.004(A)(2), ~~(FH)~~ through ~~(HJ)~~, ~~(IM)~~(1) and (2), and ~~(JN)~~.

~~(3) Aliens with Special Status. MassHealth CommonHealth is not available to aliens with special status adults described in 130 CMR 518.002(D): Aliens with Special Status. Applicable coverage for these persons is described in 130 CMR 518.002(F)(2).~~

(B) Certain Disabled Institutionalized Immigrant Children.

(1) Eligibility Requirements. MassHealth CommonHealth is available to institutionalized disabled children who meet the requirements of 130 CMR 505.004~~(DG)~~ and 519.006(A)(2), and who

(a) have attained the immigration status described in 130 CMR 518.~~002003~~~~(DA)~~(2)~~(a)~~, ~~(b)~~, or ~~(c)~~, and five years have not passed from the date they attained such status;

(b) are nonimmigrants under the Immigration and Nationality Act (INA); or

(c) are aliens paroled into the United States under section 212(d)(5) of the INA for less than one year.

(2) Other Provisions. The following provisions apply to CommonHealth applicants and members who are described above in 130 CMR 519.012(B)(1): 130 CMR 505.004(A)(2), ~~(FH)~~ through and ~~(JH)~~, and ~~(IM)~~(1) and (2).

(C) Financial Eligibility. Financial eligibility for all MassHealth CommonHealth applicants and members is based on the regulations in 130 CMR 506.000. The regulations in 130 CMR 520.000 do not apply.

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Rev. ~~02/15/06~~DR519.013: MassHealth ~~Essential~~ Family Assistance

(A) Eligibility Requirements. MassHealth ~~Essential~~ Family Assistance is available to community residents aged 65 and older who ~~are aliens with special status as described in 130 CMR 518.002(D), and who~~ meet the following requirements:

~~(1) be a qualified alien barred, as described in 130 CMR 518.003(A)(2), immigrant lawfully present, as described in 130 CMR 518.003(A)(3), or a nonqualified PRUCOL, as described in 130 CMR 518.003(C), with~~

~~(1a) the countable-income amount, as defined in 130 CMR 520.009, of the individual or married couple living together is less than or equal to 100 percent of the federal poverty level (FPL); and~~

~~(1b) the countable assets of an individual are \$2,000 or less, and those of a married couple living together are \$3,000 or less; or~~

~~(2) be a nonqualified PRUCOL, as described in 130 CMR 518.003(C), with modified adjusted gross income of the MassHealth MAGI household as described in 130 CMR 506.000 between 100 and 300 percent of the federal poverty level (FPL).~~

(B) Financial Standards Not Met. Individuals ~~described in 130 CMR 519.013(A)(1)~~ whose income, assets, or both exceed the standards set forth in 130 CMR 519.013(A) may establish eligibility for MassHealth ~~Family Assistance~~ ~~Essential~~ by reducing their assets in accordance with 130 CMR 520.004, meeting a deductible as described at 130 CMR 520.028 et seq., or both.

(C) Automatic Eligibility for EAEDC Recipients Aged 65 and Older.

~~(1) Individuals aged 65 and older who meet the requirements of the Emergency Aid to the Elderly, Disabled and Children (EAEDC) program administered by the Department of Transitional Assistance and who are qualified aliens barred, as described in 130 CMR 518.003(A)(2), immigrants lawfully present, as described in 130 CMR 518.003(A)(3), or nonqualified PRUCOLs, as described in 130 CMR 518.003(C), are automatically eligible for benefits under 130 CMR 519.013.~~

~~(2) Extended Eligibility. Individuals whose EAEDC cash assistance ends and who are determined to be potentially eligible for MassHealth continue to receive medical benefits under MassHealth Family Assistance until a determination of ineligibility is made by the MassHealth agency.~~

~~(D) Benefits.~~ Individuals eligible for MassHealth ~~Family Assistance~~ ~~Essential~~ are eligible for medical benefits on a fee-for-service basis as defined in 130 CMR 515.001. These medical benefits are described in MassHealth regulations at 130 CMR 450.105(I).

~~(E) Coverage Date.~~ The begin date of medical coverage is established in accordance with 130 CMR 516.005, ~~but no earlier than June 1, 2004.~~ MassHealth ~~Family Assistance~~ ~~Essential~~ members are eligible for medical coverage under MassHealth Limited ~~prior to June 1, 2004~~, if otherwise eligible for MassHealth Limited as described in 130 CMR 519.009.

~~(F) Funding and Enrollment Restrictions.~~ MassHealth ~~Essential~~ members who are aliens with special status are subject to enrollment restrictions described in 130 CMR 501.003(C). ~~Upon advance notice, MassHealth Essential benefits may be terminated if the MassHealth agency determines that there is insufficient funding.~~

